

March 17, 2016

Sharpscares Landscaping and Snow plowing has been awarded the Senior/Handicapped lawn cutting contract for the 2016 season. Any questions can be directed to Rick at 440.221.5657.

SENIOR OR HANDICAPPED RESIDENT LAWN CARE PROGRAM

To be eligible to participate in the Senior or Handicapped Resident Lawn Care Program, you must be either a senior age 65 or older or have a handicap which prevents you from cutting the lawn, have earned income of less than \$10,000 and have no other person residing with you who is capable of providing lawn care service. Handicapped residents must provide a doctor's certificate relative to their handicap.

Residents can apply for lawn cutting and leaf pickup service, lawn cutting only or leaf pickup only. Applications are available at the Village Hall or can be downloaded from the Village website. Residents have the option of paying in full for the entire season or paying in two installments. A check, made payable to the "Village of Walton Hills" for the appropriate amount, should be included with the application. The application is to be mailed or placed in the Village Hall mailbox marked "Senior Lawn Care Program" on the outside of the envelope. All prices include edging driveways and walkways, collecting and disposing of grass clippings, and general trimming around trees and shrubbery.

Lawn cutting season is from approximately April 15th to October 31st. Leaves will be picked up in late fall, depending on weather conditions. Maximum grass height shall be no higher than 3.5 inches throughout the lawn cutting season. The service provider is not responsible for removing leaves from flower/shrub beds. Residents may remove leaves from flower/shrub beds to be picked up by the service provider. Leaves will be placed at the street for removal by the Walton Hills Service Department.

Residents will sign a service agreement detailing the terms of the program with the lawn care provider. **Please note that the service agreement is NOT with the Village.** It is between the resident and the service provider. The Village is only acting as the bargaining agent for the program. The Village will monitor the performance of the service provider. Any complaints must first go to the provider for correction and not the Village. **There will be no priority list and cutting may not take place on the same day each week.** Service will be between the hours of 8:00 a.m. to 9:00 p.m. Home address must be visible on mailbox.

Full Season Payment – Due April 10, 2016

Up to 1 acre:	\$ 685.00	(\$ 835.00 with leaf pick up - includes 3% discount)
1 to 2 acres:	\$ 910.00	(\$ 1,110.00 with leaf pick up - includes 3% discount)
2 to 3 acres:	\$1245.00	(\$ 1,505.00 with leaf pick up - includes 3% discount)

First Installment – Payment due April 10, 2016

Up to 1 acre:	\$342.50
1 to 2 acres:	\$455.00
2 to 3 acres:	\$622.50

Second Installment – Payment due July 10, 2016

(With leaf pickup)		(Without leaf pickup)	
Up to 1 acre:	\$505.00	Up to 1 acre:	\$342.50
1 to 2 acres:	\$680.00	1 to 2 acres:	\$455.00
2 to 3 acres:	\$912.50	2 to 3 acres:	\$622.50

Two (2) Leaf Pickups only

Payment due July 10, 2016 - Application must be submitted by April 10, 2016

Up to 1 acre:	\$175.00
1 to 2 acres:	\$225.00
2 to 3 acres:	\$295.00

Village of Walton Hills – Application for Senior or Handicapped Resident Lawn Care

Name: _____ Date of Birth _____

Address _____ Telephone Number (____) _____

SENIOR RESIDENT: (Complete if age 65 and older)

I, _____, hereby certify that I am _____ years of age and I live alone or with a spouse and I am (we are) fully retired with **earned income less than \$10,000.00**, and there is no other person residing with me capable of providing lawn care. I further certify that all of the information supplied by me is true.

Signature of Applicant

Witness

HANDICAPPED RESIDENT: (Complete if under age 65) ***Must provide doctor's certificate relative to the handicap***

I, _____, hereby certify that I am handicapped, with **earned income less than \$10,000.00**, am unable to provide lawn care, because of my handicap, which is _____, and have no one living with me capable of providing lawn care. I further certify that all of the information supplied by me is true.

Signature of Applicant

Witness

Service applying for: ☐ Lawn cutting and leaf pickup ☐ Lawn cutting only ☐ Leaf pickup only
Payment submitted with application (check one) ☐ First installment ☐ Full payment

Approximate size of yard to be cut _____ **acre(s)**

****If paying by first installment, second payment, including payment for leaf pickup, will be due July 10th. If applying for leaf pickup only, payment will be due July 10th****

CONSENT TO ENTER UPON PROPERTY FOR SENIOR OR HANDICAPPED RESIDENT LAWN CARE AND RELEASE OF ALL CLAIMS AGAINST THE VILLAGE OF WALTON HILLS POSSIBLY ARISING THEREFROM

I, _____, having made application to the Village of Walton Hills, Ohio to participate in the Senior Lawn Care Program, hereby certify that I am the _____ owner _____ renter of the property located at _____, for which I am requesting participation in this program. I further certify that I have read, understand and accept the rules and regulations of the Village's Senior Lawn Care Program. By virtue of my signature on this document, I hereby grant permission to the Village of Walton Hills, its officers, employees and contractors, to come upon my private property for the purpose of lawn maintenance therefrom. In consideration for the Village's approval of my application for lawn care services, and for providing lawn care services under the Senior Lawn Care Program to the property listed herein, I do hereby and forever completely release and discharge the Village of Walton Hills, Ohio, its successors and assigns, and its officers and employees, from any and all claims, demands, damages, actions and causes of action whatsoever, which I may now have or may hereafter have as a result of or arising from the Village of Walton Hills providing lawn care services to my property.

IN WITNESS WHEREOF, I, the undersigned, have executed this consent and release on the day and year appearing after my signature.

Signature of applicant

Witness

Date

For Village Use Only: Date Received _____

Authorized Signature _____ *Date* _____